ing protection from the second of the second	·	<u> </u>	
PLACE OF BIRTH	ARIZONA STA	ATE BOARD OF	
County of	BUREAU OF VITAL STA		Index No.
District of	ORIGINAL CERTIFICATE	OF BIRTH Co. Re	gister No.D
		Local Regis	trar's No
Town of Or	(No	St;	Ward)
City of	(No.	. 0 . 1	
	Eva n	rilardovich!	Born YES
FULL NAME OF CHILD	emental Report on blank obtaina	ble from local registrar.	Alive + NO
Twin.	Number	Legiti- Date of Birth	26 1982/
Sex of Child		mate? (Mont	h) (Day) (Yr.)
Full Maiden			
Name Milas Milas d	Name (angelina Ve	etran
Residence O	Residen	ice apole a	risma
glove, un	Color	Age at Birth	
Color Bir	hay (Years) or Race	White	(Years)
Birthplace Birthplace			
Occupation Mines		Houseurf	
	Citte of the maker naw firing 5	Were precantions taken against Ophthalmia neonate	orma? JOA
Number of child of this mother			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occured on four 26191, at			
* * * * * * * * * * * * * * * * * * *	hysi-)	. When It	irmee M.D.
cian or midwife, then the househ should make this return.	older	(Attending physician, midw	rife, householder.*)
Given or Christian name added	rom a Ad	Idress globe a	rigara
: 11	e1a	2, C 18 10 L	4 COL
supplemental report		LOÇA	I REGISTRAR.
G14-101-	1/- 0 - 6 11	True Copy (8 55.	704
COUNTY REGISTE	AR. Filed 1914	COUNT	Y REGISTRAR.
			7